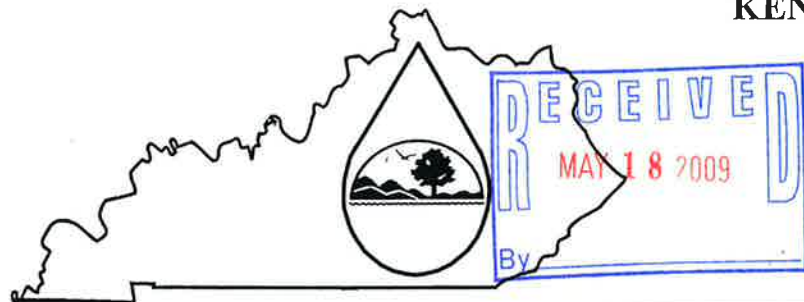


KPDES FORM 1

AL# 35449

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.
 Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
 KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0083615				
A. Name of business, municipality, company, etc. requesting permit Henderson County Board of Education							
B. Facility Name and Location				C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner mailing address on a separate sheet if different.			
Facility Location Name: Spottsville Elementary School				Facility Contact Name and Title: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Henderson County Board of Education			
Facility Location Address (i.e. street, road, etc., not PO Box): 9190 US Highway 60 East				Mailing Address: 5704 Airline Road			
Facility Location City, State, Zip Code: Spottsville, Kentucky 42458				Mailing City, State, Zip Code: Henderson, Kentucky 42420			
				Facility Contact Telephone Number: (270) 831-5132			

II. FACILITY DESCRIPTION			
A. Provide a brief description of activities, products, etc: This is an elementary school, all the school's waste goes to a 10,000 gallon per day package treatment plant.			
B. Standard Industrial Classification (SIC) Code and Description			
Principal SIC Code & Description: 8211	Elementary School with a package treatment plant		
Other SIC Codes:			

III. FACILITY LOCATION	
A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Henderson County	City where facility is located (if applicable): Spottsville
C. Body of water receiving discharge: Race Creek at mile point 3.35	
D. Facility Site Latitude (degrees, minutes, seconds): 37 51 32.4	Facility Site Longitude (degrees, minutes, seconds): 87 27 15.4
E. Method used to obtain latitude & longitude (see instructions): GPS. Unit	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Jonathan Williams

Telephone Number:

(270) 831-5132

Operator Mailing Address (Street):

5704 Airline Road

Operator Mailing Address (City, State, Zip Code):

Henderson, Kentucky 42420

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

Class I

Certification Number:

8381

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0101117

Issue Date of Current Permit:

12/30/04

Expiration Date of Current Permit:

12/31/09

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Henderson County Board of Education

DMR Official Telephone Number:

(270) 830-7075

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

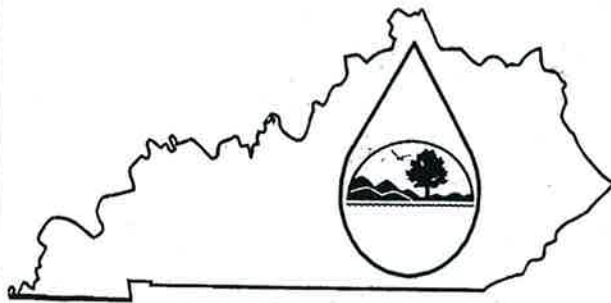
Moss McGraw Environmental Lab, Inc.

DMR Mailing Address:

502A Fifth Street - P.O. Box 915

DMR Mailing City, State, Zip Code:

Henderson, Kentucky 42420



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Spottsville Elementary School/Henderson County Board Of Education

I. FACILITY DISCHARGE FREQUENCY

AGENCY
USE

0 0 8 3 4 1 5

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 5 days (Monday - Friday)

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):

1. 596 students, 74 staff (Total Population 670)
2. Building size 50,110 sq. ft.
3. Package Treatment Plant size 10,000 gallons per day

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system:

MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
006	37	51	32.4	87	27	15.4	Race Creek
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				GPS Unit			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
 If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
KY0101117	Package Treatment Plant	0.0029 MGD	Dechlorination	2-E
			Disinfection (chlorine)	2-F
			Treatment by Plain Aeration	3-M
			Discharge to Surface Water	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

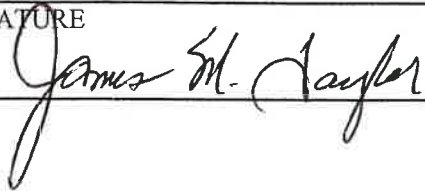
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	4	4	1
TOTAL SUSPENDED SOLIDS	20	20	1
FECAL COLIFORM	< 1	< 1	1
TOTAL RESIDUAL CHLORINE	0.52	0.52	1
OIL AND GREASE	< 5.00	< 5.00	1
CHEMICAL OXYGEN DEMAND	60.1	60.1	1
TOTAL ORGANIC CARBON	21.0	21.0	1
AMMONIA	1.81	1.81	1
DISCHARGE FLOW	0.0030	0.0034	1
PH	7.19	7.19	
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:

Year round flow, but less in summer

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): James M. Taylor, Director of Maintenance Henderson County Board of Education	TELEPHONE NUMBER (area code and number): (270) 831-5132
SIGNATURE 	DATE 5/14/09

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points

Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Spottsville Elementary School	596 Students
	74 Staff
TOTAL POPULATION SERVED	670